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02292 7590 01/24/2005

BIRCH STEWART KOLASCH & BIRCH, LLP
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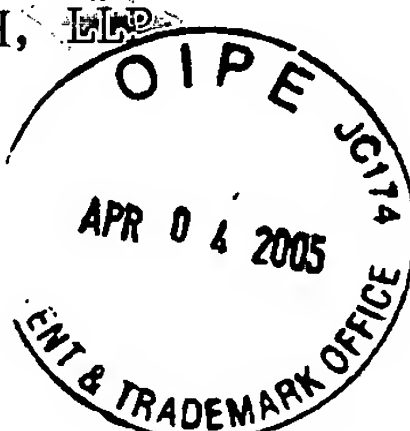
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04/05/2005 LWONDIM2 00000035 10660617

01 FC:1501	1400.00 DP
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/660,617	09/12/2003	Gary Hsu	2019-0218P	6121

TITLE OF INVENTION: MODULARIZED UNIVERSAL JACKET FOR PERSONAL DIGITAL ASSISTANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/25/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
EDWARDS, ANTHONY Q	2835	361-683000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. BIRCH, STEWART, KOLASCH & BIRCH, LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LITE-ON TECHNOLOGY CORPORATION

Taipei, TAIWAN, R.O.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 4

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- ☒ A check in the amount of the fee(s) is enclosed. *if necessary
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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment to Deposit Account Number 02-2448* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date April 4, 2005

Typed or printed name

Joe McKinney Muncy

Registration No. 32,334

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